

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1250388

Vendor Name: Community College Health Conso

Invoice Number: APRIL-HDHP

Invoice Date: 04/06/20

PO Number:

Check Number: E0080089

Check Amount: \$ 1,113,112.09

Check Date: 05/12/2020

Department ID: 00000

Reviewer Name:

Voucher Number: V0622399

Redaction Type: Other

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

From: marekr@cod.edu
Sent: Tue May 12 08:41:07 CDT 2020
To: invoicing@cod.edu,refakese@cod.edu
CC: barriosi142@cod.edu,zerrudom@cod.edu,cruseb199@cod.edu,vosicky@cod.edu,oreilly17@cod.edu
Subject: FW: March benefit invoices for payments

Good morning—

Please see the attached PDF for the following benefits check requests from HR for the month of March:

Community College Health Consortium
Delta Dental
Vision Service Plan
Reliance Standard
Navia
UNUM

Eugene, if you can please have AP process these as soon as possible, it would be much appreciated.

Thank you,

Bobby Marek
Senior Accountant | Financial Affairs
College of DuPage
425 Fawell Blvd | SRC 2130 | Glen Ellyn, IL 60137-6599
phone 630-942-2655 | fax 630-942-2297 | marekr@cod.edu

From: O'Reilly, Lisa <oreilly17@cod.edu>
Sent: Tuesday, May 12, 2020 8:24 AM
To: Marek, Robert <marekr@cod.edu>
Subject: March benefit invoices for payments
Importance: High

Hi Bobby,

Finally received the signed docs for March benefits payments but couldn't find the email address for AP. So, I'm asking you for assistance in distributing or processing for payment. On to the April bills!

Thanks for your assistance in getting these paid. I really appreciate it!

Lisa

College of DuPage - Accounts Payable

Check Request Form

revised 1/9/19

This form may be used to request check payments only for those items for which the issuance of a purchase order would not be appropriate. Attach supporting documentation (e.g., invoice or agreement). Please refer to Vendor Payment - Check Request Procedure No. 10-65

Date: 4/6/2020
Vendor ID:

Invoice Number	P.O. Number/ Req. Number	Fund	Func.	Dept.	Object	Object Descrip.	Amount
April - HDHP		01	00	00000	2101034	Med HD Premium 01/01/17	\$ 463,423.29
April - BCS		01	00	00000	2101041	Med Blue Choice Prem 01/01/19	\$ 73,800.19
April - HMO		01	00	00000	2101035	Med HMO Premium 01/01/17	\$ 575,888.61
Grand Total							\$ 1,113,112.09

--- \$1,000 and Greater: Approval of Division Vice President Required ---

Check the appropriate box below and sign

☒ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have been provided in a satisfactory condition/manner. Consequently, payment is appropriate at this time.

☐ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have not yet been provided. The first approver indicated below will notify the Accounts Payable Office in writing when the goods/services have been delivered in a satisfactory condition/manner.

Payee Name: Community College Health Consortium
Payee Address: 1415 W. Diehl Rd
Naperville, IL 60563

Other Instructions:

Description on Check:

Apr 20 CCHC Invoice

Approvals:

Prepared By: Lisa O'Reilly
Signature: Lisa O'Reilly
Payment Due: ASAP
Board Approved Date:

Approved By: Elizabeth O'Brien Date:
Signature: Elizabeth L O'Brien
Approved By: Linda Sands-VanKerk Date:
Signature: Lv
Approved By Division VP: Date:
Signature:

Return Approved Request and All Supporting Documents to: Accounts Payable (SRC 2132 A), acctpay@cod.edu

